



PRELIMINARY DRAFT

No. 3195

PREPARED BY
LEGISLATIVE SERVICES AGENCY
2011 GENERAL ASSEMBLY

DIGEST

Citations Affected: IC 10-17-9-21; IC 12-7-1; IC 12-8-6; IC 12-15; IC 12-17.2; IC 12-20-1-6; IC 12-22-2-0.3; IC 12-23-1-13; IC 16-20; IC 16-27-2-0.2; IC 16-36-4-0.1; IC 16-39-0.1; IC 16-40-4-10; IC 16-41; IC 22-11-17-2.5; IC 31-27-1-2; IC 31-40-1-0.2.

Synopsis: Noncode statutes. Codifies certain noncode provisions relating to health, human services, and Medicaid. Repeals the corresponding noncode provisions. Repeals without codification the following noncode statutes: (1) A 1986 statute relating to the conversion of facilities to intermediate care facilities. (2) A 1986 statute relating to conversion of hospital beds. (3) A 1986 statute authorizing a delay in the establishment of a birth problems registry. (4) A 1986 statute providing that an amended statute does not apply to certain leases and contracts. (5) A 1988 statute validating certain waivers granted by the department of public welfare. (6) A 1991 statute about the use of hospital care for indigent funds by the department of public welfare. (7) A 1992 statute authorizing the use of funds from the Medicaid indigent trust fund. (8) A 1992 statute relating to city health departments. (9) A 1993 statute requiring the division of mental health to submit a report to the general assembly. (10) A 1993 statute about the renewal of existing child care licenses. (11) A 1993 statute relating to the establishment of the commission on the social status of black males. (12) A 1995 statute transferring certain powers from the state
(Continued next page)

Effective: July 1, 2011.



Digest Continued

department of health to the state board of cosmetology examiners. (13) A 1995 statute authorizing the office of Medicaid policy and planning to increase certain Medicaid reimbursements. (14) A 2000 statute relating to the implementation of IC 12-8-1-14. (15) A 2001 statute requiring the secretary of family and social services to develop a plan and issue a report. (16) A 2001 statute directing the office of Medicaid policy and planning to audit a drug program for the years 2000 and 2001. (17) A 2001 statute requiring the office of Medicaid policy and planning to report about implementation of the act. (18) A 2001 statute requiring the application of certain county expenditures toward Indiana's maintenance of effort under TANF.



A BILL FOR AN ACT to amend the Indiana Code concerning human services.

Be it enacted by the General Assembly of the State of Indiana:

SECTION 1. IC 10-17-9-21 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: **Sec. 21. The state department of health established by IC 16-19-1-1 may develop a plan and seek federal approval to qualify the Indiana Veterans' Home for reimbursement of services and other expenses that could be eligible under Medicaid. A plan developed under this section must be structured to maximize federal Medicaid reimbursement for the Veterans' Home. Subject to approval of the budget agency, any revenue accruing to the Indiana Veterans' Home from the receipt of Medicaid reimbursement may be used to augment appropriations made to the office for use in funding long term care.**

SECTION 2. IC 12-7-1-4 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: **Sec. 4. P.L.9-1991 does not affect:**

- (1) rights or liabilities accrued;**
- (2) penalties incurred;**
- (3) crimes committed; or**
- (4) proceedings begun;**

before January 1, 1992. Those rights, liabilities, penalties, crimes, and proceedings continue and shall be imposed and enforced under prior law as if P.L.9-1991 had not been enacted.

SECTION 3. IC 12-7-1-5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: **Sec. 5. Actions taken under IC 12-8-1, IC 12-8-2, IC 12-8-6, and IC 12-8-8 after June 30, 1999, and before December 1, 1999, are legalized and validated to the extent that those actions would have been legal and valid if P.L.7-2000 had been enacted before July 1, 1999.**

SECTION 4. IC 12-8-6-11 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY



1, 2011]: **Sec. 11. (a) The office shall reduce reimbursement rates for over-the-counter drugs by ten percent (10%) not later than July 1, 2001.**

(b) The office shall implement a Maximum Allowable Cost schedule for off-patent drugs not later than November 1, 2001.

(c) Not later than January 1, 2002, the office shall implement an information strategy directed to high volume prescribers.

(d) Beginning July 1, 2002, the office shall phase in case management for aged, blind, and disabled Medicaid recipients.

SECTION 5. IC 12-8-6-12 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: **Sec. 12. The office shall adopt emergency rules under IC 4-22-2-37.1 to achieve the reductions needed to avoid expenditures exceeding the Medicaid appropriation made by P.L.224-2003 in the line item appropriation to the FAMILY AND SOCIAL SERVICES ADMINISTRATION, MEDICAID - CURRENT OBLIGATIONS. To the extent that reductions are made to optional Medicaid services as set forth in 42 U.S.C. 1396 et seq., the reductions may be accomplished on a pro rata basis with each optional service being reduced by a proportionate amount. However, the reductions may not be made in a manner that results in the elimination of any optional Medicaid service.**

SECTION 6. IC 12-15-1-21 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: **Sec. 21. (a) The budget agency shall develop a plan and seek federal approval to qualify services that are provided to assist exceptional learners in accessing or coordinating services, or both, under the state Medicaid plan.**

(b) The budget agency and the office of the secretary shall establish a method to collect the state share of the costs of services that are:

- (1) reimbursable under the Medicaid program; and**
 - (2) provided to Medicaid eligible children receiving services in private psychiatric residential treatment facilities;**
- from the county of residence of the child receiving services.**

SECTION 7. IC 12-15-1.3 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]:

Chapter 1.3. Medicaid Waivers and Plan Amendments

Sec. 1. (a) The terms and conditions of any waivers that are obtained by the state from the United States Department of Health and Human Services or the United States Department of Agriculture before January 1, 1995:

- (1) are valid;**
- (2) comply with the legislative intent of P.L.46-1995;**
- (3) need not be resubmitted for approval; and**



(4) may be implemented until the terms and conditions of any waivers requested under P.L.46-1995 are received and affidavits are filed with the governor's office and the budget committee attesting that the necessary waiver requests have been approved.

(b) The office of the secretary and the office of Medicaid policy and planning shall:

(1) provide the greatest effort possible to secure all federal waivers required under P.L.46-1995; and

(2) reapply for waivers required under P.L.46-1995 but denied by:

(A) the Secretary of the United States Department of Health and Human Services;

(B) the Secretary of the United States Department of Agriculture; or

(C) both the officials described in clauses (A) and (B).

(c) This section expires on the date that all waivers requested under P.L.46-1995 have been obtained.

Sec. 2. (a) Any part of P.L.46-1995 that requires a waiver from the United States Department of Health and Human Services or the United States Department of Agriculture does not apply to a person who first received assistance under IC 12-14 before January 1, 1994.

(b) This section expires on the later of the following:

(1) January 1, 1996.

(2) Ninety (90) days after the date that all waivers required to implement P.L.46-1995 have been approved.

Sec. 3. (a) Any part of P.L.46-1995 that requires a waiver from the United States Department of Health and Human Services or the United States Department of Agriculture does not apply to a person who first received assistance under IC 12-14 after December 31, 1993.

(b) This section expires on the later of the following:

(1) January 1, 1997.

(2) Fifteen (15) months after the date that all waivers required to implement P.L.46-1995 have been approved.

Sec. 4. The division of family resources shall seek any available waivers from the Secretary of the United States Department of Health and Human Services that are required to carry out P.L.257-1997.

Sec. 5. (a) The office shall amend the Medicaid state plan to include the buy-in program for working individuals with disabilities established under IC 12-15-41.

(b) The office shall apply to the Federal Centers for Medicare and Medicaid Services (formerly the Health Care Financing Administration) for a grant established under Section 203 of the



1 federal Ticket to Work and Work Incentives Improvement Act of
 2 1999 (P.L. 106-170, 42 U.S.C. 1320b-22) to support the design,
 3 establishment, and operation of infrastructures that ensure the
 4 provision of items and services to support working individuals with
 5 disabilities, including the following:

- 6 (1) Data collection.
- 7 (2) Evaluation.
- 8 (3) Quality assurance.
- 9 (4) Changes in management information systems.
- 10 (5) Training of administrators, local county caseworkers, and
 11 service providers on Medicaid work incentives and the
 12 relationship of Social Security to work incentives.
- 13 (6) Outreach campaigns regarding the existence of
 14 infrastructures to support work incentives for working
 15 individuals with disabilities.

16 The office shall make the application required under this
 17 subsection for the first grant available after July 1, 2001.

18 (c) The office shall submit an application to the Federal Centers
 19 for Medicare and Medicaid Services (formerly the Health Care
 20 Financing Administration) for each available new or renewal grant
 21 described in subsection (b).

22 (d) This section expires December 31, 2011.

23 Sec. 6. (a) The office shall develop a federal Medicaid waiver
 24 application under which a prescription drug program may be
 25 established or implemented to provide access to prescription drugs
 26 for low income senior citizens.

27 (b) Before the office may submit an application for a federal
 28 Medicaid waiver that will affect the Indiana prescription drug
 29 program established under IC 12-10-16, the following must occur:

- 30 (1) The office shall submit the proposed Medicaid waiver to
 31 the prescription drug advisory committee.
- 32 (2) The prescription drug advisory committee must review,
 33 allow public comment on, and approve the proposed Medicaid
 34 waiver.

35 (c) A prescription drug program established or implemented by
 36 the office or a contractor of the office under this section may not
 37 limit access to prescription drugs for prescription drug program
 38 recipients, except under the following circumstances:

- 39 (1) Access may be limited to the extent that restrictions were
 40 in place in the Medicaid program on March 26, 2002.
- 41 (2) Except as provided by IC 12-15-35.5-3(b) and
 42 IC 12-15-35.5-3(c), access may be limited to:
 43 (A) prevent:
 44 (i) fraud;
 45 (ii) abuse;
 46 (iii) waste;



- (iv) overutilization of prescription drugs; and
- (v) inappropriate utilization of prescription drugs; or
- (B) implement a disease management program.

IC 12-15-35.5-7 applies to a limit implemented under this subdivision.

(d) Changes to a prescription drug program that:

- (1) is established or implemented by the office or a contractor of the office under this section; and
- (2) uses money from the Indiana prescription drug account established under IC 4-12-8-2;

must be approved by the prescription drug advisory committee.

(e) The office shall apply to the United States Department of Health and Human Services for approval of any waiver necessary under the federal Medicaid program to provide access to prescription drugs for low income senior citizens.

(f) A Medicaid waiver developed under this section must limit a prescription drug program's state expenditures to funding appropriated to the Indiana prescription drug account established under IC 4-12-8-2 from the Indiana tobacco master settlement agreement fund.

(g) The office may not implement a waiver under this section until the office files an affidavit with the governor attesting that the federal waiver applied for under this section is in effect. The office shall file the affidavit under this subsection not later than five (5) days after the office is notified that the waiver is approved.

(h) If the office receives a waiver under this section from the United States Department of Health and Human Services and the governor receives the affidavit filed under subsection (g), the office shall implement the waiver not more than sixty (60) days after the governor receives the affidavit.

Sec. 7. (a) As used in this section, "special needs adopted child" means a child who:

- (1) has been adopted by an individual; and
- (2) has been diagnosed with a mental illness, including an emotional or behavioral condition, by a psychologist licensed under IC 25-33 or a psychiatrist licensed under IC 25-22.5.

(b) As used in this section, "waiver" refers to a Medicaid waiver allowed under the federal Social Security Act.

(c) The office shall apply to the United States Department of Health and Human Services for a waiver to allow the office to disregard parental income for Medicaid eligibility purposes if the parental income:

- (1) is three hundred fifty percent (350%) or less of the federal income poverty level and the individual is otherwise ineligible for Medicaid; or
- (2) exceeds three hundred fifty percent (350%) and is less



than one thousand one percent (1,001%) of the federal income poverty level and the office adopts a cost participation plan for these individuals;

and provide coverage of mental health services for a special needs adopted child who is less than nineteen (19) years of age.

(d) The office may not implement the waiver until the office files an affidavit with the governor attesting that the federal waiver applied for under this section is in effect. The office shall file the affidavit under this subsection not later than five (5) days after the office is notified that the waiver is approved.

(e) If the office receives a waiver applied for under subsection (c) and the governor receives the affidavit filed under subsection (d), the office shall implement the waiver not more than sixty (60) days after the governor receives the affidavit.

(f) The office may adopt rules under IC 4-22-2 necessary to implement this section.

(g) This section expires December 31, 2012.

Sec. 8. (a) The office shall apply to the United States Department of Health and Human Services to amend the state Medicaid plan concerning limiting dental services to provide that a Medicaid recipient who is at least twenty-one (21) years of age is eligible only for the following dental services without prior authorization under the Medicaid program:

(1) Diagnostic and preventative care.

(2) Direct restorations.

(3) Treatment of lesions.

(4) Extractions.

(5) Periodontal treatment for the following immuno-compromised individuals:

(A) Transplant patients.

(B) Pregnant women.

(C) Diabetic patients.

(6) Emergency and trauma care.

The office may authorize other dental services not listed in this subsection for a Medicaid recipient if the recipient first obtains prior authorization from the office for the dental service.

(b) The office may not implement the amendment until the office files an affidavit with the governor attesting that the amendment applied for under this section is in effect. The office shall file the affidavit under this subsection not later than five (5) days after the office is notified that an amendment is approved.

(c) If the office receives approval for an amendment under this section from the United States Department of Health and Human Services and the governor receives the affidavit filed under subsection (b), the office shall implement the amendment not more than thirty (30) days after the governor receives the affidavit.



1 (d) The office may adopt rules under IC 4-22-2 necessary to
2 implement this section.

3 (e) This section expires December 31, 2012.

4 Sec. 9. (a) As used in this section, "pay-in option" refers to the
5 method allowed under 42 U.S.C. 1396b under which a Medicaid
6 recipient may satisfy a state's income spend down requirements by
7 paying to the state the spend down amount each month.

8 (b) The office may apply to the United States Department of
9 Health and Human Services to amend the state's Medicaid plan to
10 allow a Medicaid recipient to elect to participate in the pay-in
11 option in the state's Medicaid spend down program allowed under
12 42 U.S.C. 1396b.

13 (c) The office may not implement the amendment described in
14 subsection (b) until the office files an affidavit with the governor
15 attesting that the amendment applied for under this section is in
16 effect. If the office applies for the amendment described in this
17 section, the office shall file the affidavit under this subsection not
18 later than five (5) days after the office is notified by the United
19 States Department of Health and Human Services that the
20 amendment is approved.

21 (d) If the office receives approval for the amendment under this
22 section and the governor receives the affidavit filed under
23 subsection (c), the office may implement the amendment.

24 (e) The office may adopt rules under IC 4-22-2 necessary to
25 implement this section.

26 (f) This section expires December 31, 2013.

27 Sec. 10. (a) The office shall apply to the United States
28 Department of Health and Human Services for the necessary
29 amendment to the state Medicaid plan or for a waiver to authorize
30 the office to reimburse a health care provider under Medicaid for
31 the collection of cord blood by the health care provider from a
32 pregnant Medicaid recipient upon the birth of a newborn.

33 (b) The office may not implement the state plan amendment or
34 waiver described in subsection (a) until the office files an affidavit
35 with the governor attesting that the amendment or waiver applied
36 for under this section has been approved and is in effect. The office
37 shall file the affidavit under this subsection not later than five (5)
38 days after the office is notified that the amendment or the waiver
39 is approved.

40 (c) If the office receives federal approval for the amendment or
41 waiver described in this section and the governor receives the
42 affidavit filed under subsection (b), the office shall implement the
43 amendment or waiver not more than sixty (60) days after the
44 governor receives the affidavit. Any cost to the state resulting from
45 the implementation of the amendment or the waiver must be paid
46 from appropriations made to the office of the secretary or other



private funds made available to the office.

(d) The office may adopt rules under IC 4-22-2 necessary to implement this section.

(e) This section expires July 1, 2013.

Sec. 11. (a) As used in this section, "program" refers to the health care management program established under subsection (c).

(b) As used in this section, "recipient" means a Medicaid recipient under this article.

(c) The office may work with one (1) or more health care providers to establish and implement a demonstration project for a health care management program under which the health care providers provide health care services to recipients. If a demonstration project is established and implemented, the program must allow the office to do the following:

(1) Offer to recipients who currently receive health care services from the health care providers the opportunity to continue to receive Medicaid services provided solely by the health care providers as part of the demonstration project. The offer must be extended to a number of recipients that is sufficiently large to result in a percentage of recipients accepting the offer to provide meaningful data to guide the establishment and implementation of the program under subdivision (2). A recipient is not required to participate in the demonstration project.

(2) Establish and implement a program of health care management modeled on the United States Department of Veterans Affairs Quality Enhancement Research Initiative, including use of payment incentives for:

(A) individual health care providers; and

(B) administrators;

of the health care providers with which the office works under this section to reward the achievement of objectives established for the program.

(d) The office and the health care providers described in subsection (c) shall study the impact of implementing the program under subsection (c)(2), including the impact the program has on the:

(1) quality; and

(2) cost;

of health care provided to recipients.

(e) The office shall consult with the Regenstrief Institute for Health Care or a comparable institution in developing, implementing, and studying the program.

(f) The office shall apply to the United States Department of Health and Human Services for any amendment to the state Medicaid plan or demonstration waiver that is needed to



1 implement this section. A health care provider described in
 2 subsection (c) shall assist the office in requesting the amendment
 3 or demonstration waiver and, if the amendment or waiver is
 4 approved, establishing and implementing the amendment or
 5 waiver.

6 (g) The office may not implement the amendment or waiver
 7 until the office files an affidavit with the governor attesting that the
 8 amendment or waiver applied for under this section is in effect.
 9 The office shall file the affidavit under this subsection not more
 10 than five (5) days after the office is notified that the amendment or
 11 waiver is approved.

12 (h) If the office receives approval for the amendment or waiver
 13 under this section from the United States Department of Health
 14 and Human Services and the governor receives the affidavit filed
 15 under subsection (g), the office shall implement the amendment or
 16 waiver not more than sixty (60) days after the governor receives
 17 the affidavit.

18 (i) The office may adopt rules under IC 4-22-2 to implement this
 19 section.

20 (j) The office shall, before July 1 of each year, report to the
 21 legislative council in an electronic format under IC 5-14-6
 22 concerning a demonstration project established and implemented
 23 under this section.

24 (k) This section expires January 1, 2013.

25 Sec. 12. (a) The office shall apply to the United States
 26 Department of Health and Human Services for approval of an
 27 amendment to the state's Medicaid plan that is necessary to do the
 28 following:

29 (1) Amend the state's upper payment limit program.

30 (2) Make changes to the state's disproportionate share
 31 hospital program.

32 (b) The office may not implement an approved amendment to
 33 the state plan until the office files an affidavit with the governor
 34 attesting that the state plan amendment applied for under
 35 subsection (a)(1) or (a)(2) is in effect. The office shall file the
 36 affidavit under this subsection not later than five (5) days after the
 37 office is notified that the state plan amendment is approved.

38 (c) The office may adopt rules under IC 4-22-2 necessary to
 39 implement this section.

40 (d) This section expires December 31, 2013.

41 Sec. 13. (a) The office shall apply to the United States
 42 Department of Health and Human Services for any amendment to
 43 the state Medicaid plan or demonstration waiver that is needed to
 44 provide for presumptive eligibility for a pregnant woman
 45 described in IC 12-15-2-13.

46 (b) The office may not implement the amendment or waiver



1 until the office files an affidavit with the governor attesting that the
 2 amendment or waiver applied for under this section is in effect.
 3 The office shall file the affidavit under this subsection not more
 4 than five (5) days after the office is notified that the amendment or
 5 waiver is approved.

6 (c) If the office receives approval for the amendment or waiver
 7 under this section from the United States Department of Health
 8 and Human Services and the governor receives the affidavit filed
 9 under subsection (b), the office shall implement the amendment or
 10 waiver not more than sixty (60) days after the governor receives
 11 the affidavit.

12 (d) The office may adopt rules under IC 4-22-2 to implement
 13 this section.

14 Sec. 14. (a) The office shall apply to the United States
 15 Department of Health and Human Services for approval of a
 16 Section 1115 demonstration waiver or a Medicaid state plan
 17 amendment to develop and implement the following:

18 (1) Health insurance coverage program to cover individuals
 19 who meet the following requirements:

20 (A) The individual is at least eighteen (18) years of age and
 21 less than sixty-five (65) years of age.

22 (B) The individual is a United States citizen and has been
 23 a resident of Indiana for at least twelve (12) months.

24 (C) The individual has an annual household income of not
 25 more than two hundred percent (200%) of the federal
 26 income poverty level.

27 (D) The individual is not eligible for health insurance
 28 coverage through the individual's employer.

29 (E) The individual has been without health insurance
 30 coverage for at least six (6) months or is without health
 31 insurance coverage because of a change in employment.

32 (2) A premium assistance program described in
 33 IC 12-15-44.2-20.

34 (b) The office shall include in the waiver application or state
 35 plan amendment a request to fund the program in part by using:

36 (1) enhanced federal financial participation; and

37 (2) hospital care for the indigent dollars, upper payment limit
 38 dollars, or disproportionate share hospital dollars.

39 (c) The office may not implement the waiver or state plan
 40 amendment until the office:

41 (1) files an affidavit with the governor attesting that the
 42 federal waiver or amendment applied for under this section
 43 is in effect; and

44 (2) has sufficient funding for the program.

45 The office shall file the affidavit under this subsection not later
 46 than five (5) days after the office is notified that the waiver or



1 amendment is approved.

2 (d) The office may adopt rules under IC 4-22-2 necessary to
3 implement this section.

4 (e) This section expires December 31, 2013.

5 Sec. 15. (a) As used in this section, "division" refers to the
6 division of disability and rehabilitative services established by
7 IC 12-9-1-1.

8 (b) As used in this section, "waiver" refers to any waiver
9 administered by the office and the division under section 1915(c)
10 of the federal Social Security Act.

11 (c) The office shall apply to the United States Department of
12 Health and Human Services for approval to amend a waiver to set
13 priorities as described in subsection (d) in providing services under
14 the waiver.

15 (d) The waiver amendment must provide for the following
16 individuals to be given priority in receiving services under the
17 waiver:

18 (1) An individual who is determined by the state department
19 of health to no longer need or receive active treatment
20 provided in a supervised group living setting.

21 (2) An individual who is receiving service under the direction
22 of the division in a supervised group living setting, nursing
23 facility, or large private intermediate care facility and has a
24 history of unexplained injuries or documented abuse that is
25 substantiated by the division and that threatens the health and
26 welfare of the individual.

27 (3) A current resident, or the guardian of a resident who is
28 incapacitated, of a large, private intermediate care facility for
29 the mentally retarded who requests to leave the facility.

30 (4) An individual who will be attaining the maximum age for
31 a residential or group home setting funded by the department
32 of education, the division of family resources, or the office.

33 (5) An individual for whom the primary caregiver of the
34 individual is no longer able to care for the individual due to:

35 (A) the death of the primary caregiver;

36 (B) the long term institutionalization of the primary
37 caregiver;

38 (C) the long term incapacitation of the primary caregiver;
39 or

40 (D) the long term incarceration of the primary caregiver.

41 (6) An individual who is on the waiver waiting list and has
42 been determined to have a shortened life span as defined by
43 the division.

44 (7) Any other priority as determined by the division.

45 (e) The office may not implement the amendment to the waiver
46 until the office files an affidavit with the governor attesting that the



1 amendment to the federal waiver applied for under this section is
 2 in effect. The office shall file the affidavit under this subsection not
 3 later than five (5) days after the office is notified that the waiver
 4 amendment is approved.

5 (f) If the office receives approval for the amendment to the
 6 waiver under this section from the United States Department of
 7 Health and Human Services and the governor receives the affidavit
 8 filed under subsection (e), the office shall implement the
 9 amendment to the waiver not more than sixty (60) days after the
 10 governor receives the affidavit.

11 (g) The office may adopt rules under IC 4-22-2 necessary to
 12 implement this section.

13 (h) This section expires July 1, 2016.

14 Sec. 16. (a) The office shall apply to the United States
 15 Department of Health and Human Services for an amendment to
 16 the state Medicaid plan to provide coverage for adults and children
 17 for medically necessary umbilical cord transplants and other
 18 related procedures under the state Medicaid program if the
 19 Medicaid recipient's provider receives prior approval for the
 20 procedure from the office.

21 (b) The office may not implement the plan amendment until the
 22 office files an affidavit with the governor attesting that the plan
 23 amendment applied for under this section is in effect. The office
 24 shall file the affidavit under this subsection not later than five (5)
 25 days after the office is notified that the plan amendment is
 26 approved.

27 (c) If the office receives a plan amendment under this section
 28 from the United States Department of Health and Human Services
 29 and the governor receives the affidavit filed under subsection (b),
 30 the office shall implement the plan amendment not more than sixty
 31 (60) days after the governor receives the affidavit.

32 (d) The office may adopt rules under IC 4-22-2 necessary to
 33 implement this section.

34 (e) This section expires December 31, 2013.

35 Sec. 17. (a) The office shall apply to the United States
 36 Department of Health and Human Services to amend the state
 37 Medicaid plan if the office determines the amendment is necessary
 38 to carry out IC 12-15-1-20.4.

39 (b) The office may not implement a state plan amendment under
 40 this section until the office files an affidavit with the governor
 41 attesting that the plan amendment filed under this section is in
 42 effect. The office shall file the affidavit under this subsection not
 43 later than five (5) days after the office is notified that the plan
 44 amendment is approved.

45 (c) If the office receives a plan amendment under this section
 46 from the United States Department of Health and Human Services



1 and the governor receives the affidavit filed under subsection (b),
 2 the office shall implement the plan amendment not more than sixty
 3 (60) days after the governor receives the affidavit.

4 (d) This section expires December 31, 2013.

5 SECTION 8. IC 12-15-11.5-10 IS ADDED TO THE INDIANA
 6 CODE AS A NEW SECTION TO READ AS FOLLOWS
 7 [EFFECTIVE JULY 1, 2011]: Sec. 10. A hospital and the managed
 8 care contractor of the office shall use the arbitration procedure in
 9 section 8 of this chapter for the resolution of all disputed claims
 10 that have accrued as of March 17, 2000.

11 SECTION 9. IC 12-15-13-0.1 IS ADDED TO THE INDIANA
 12 CODE AS A NEW SECTION TO READ AS FOLLOWS
 13 [EFFECTIVE JULY 1, 2011]: Sec. 0.1. The amendments made to
 14 this chapter apply as follows:

15 (1) The amendments made to section 1 of this chapter by
 16 P.L.257-1996 apply to provider claims for payment under the
 17 Medicaid program under this article after March 31, 1996.

18 (2) The addition of section 1.5 of this chapter by P.L.257-1996
 19 applies to provider claims for payment under the Medicaid
 20 program under this article after March 31, 1996.

21 SECTION 10. IC 12-17.2-3.5-0.1 IS ADDED TO THE INDIANA
 22 CODE AS A NEW SECTION TO READ AS FOLLOWS
 23 [EFFECTIVE JULY 1, 2011]: Sec. 0.1. The amendments made to
 24 section 10 of this chapter by P.L.131-2002 apply to a provider that
 25 begins receiving voucher payments after June 30, 2002.

26 SECTION 11. IC 12-17.2-5-0.1 IS ADDED TO THE INDIANA
 27 CODE AS A NEW SECTION TO READ AS FOLLOWS
 28 [EFFECTIVE JULY 1, 2011]: Sec. 0.1. The addition of section 6.3(a)
 29 of this chapter by P.L.247-2001 does not apply to a person who was
 30 issued a license for a class I child care home before July 1, 2001.

31 SECTION 12. IC 12-20-1-6 IS ADDED TO THE INDIANA CODE
 32 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
 33 1, 2011]: Sec. 6. A valid claim:

34 (1) for goods or services provided; and

35 (2) not paid;

36 under IC 12-2 (before its repeal) shall be paid under the
 37 corresponding provision of this article.

38 SECTION 13. IC 12-22-2-0.3 IS ADDED TO THE INDIANA
 39 CODE AS A NEW SECTION TO READ AS FOLLOWS
 40 [EFFECTIVE JULY 1, 2011]: Sec. 0.3. If the division determines
 41 that any one (1) of the four (4) sub-acute stabilization programs
 42 implemented under IC 12-22-2-3(1), as added by P.L.62-1993, is
 43 not successful, the division shall terminate operation of the
 44 unsuccessful program. The division may not expand the number of
 45 sub-acute stabilization programs or change the location of a
 46 program without approval from the general assembly.



SECTION 14. IC 12-23-1-13 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: **Sec. 13. Notwithstanding the amendments made to IC 12-7-2-12 by P.L.168-2002, a person participating in an alcohol and drug services program before July 1, 2002, solely as a result of committing an infraction may continue in the program until the person successfully completes the program or is removed for a violation or noncompliance, whichever occurs first.**

SECTION 15. IC 16-20-2-2.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: **Sec. 2.5. (a) For purposes of this section, population information contained in this section refers to population as determined by the 1990 decennial census.**

(b) A health ordinance adopted by the county executive of a county having a population of more than one hundred twenty-nine thousand (129,000) but less than one hundred thirty thousand six hundred (130,600) that:

(1) was adopted after December 31, 1993, and before March 11, 1994; and

(2) applies to the entire county; is legalized.

SECTION 16. IC 16-20-4-5.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: **Sec. 5.5. (a) For purposes of this section, population information contained in this section refers to population as determined by the 1990 decennial census.**

(b) A health ordinance adopted by the county executive of a county having a population of more than one hundred twenty-nine thousand (129,000) but less than one hundred thirty thousand six hundred (130,600) that:

(1) was adopted after December 31, 1993, and before March 11, 1994; and

(2) applies to the entire county; is legalized.

SECTION 17. IC 16-27-2-0.2 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: **Sec. 0.2. The addition of IC 16-10-2.6 (before its repeal, now codified in this chapter) by P.L.190-1989 applies to individuals who are initially employed by a home health agency after June 30, 1989.**

SECTION 18. IC 16-36-4-0.1 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: **Sec. 0.1. The amendments made to sections 1, 10, and 13 of this chapter by P.L.99-1994 do not apply to a living will declaration executed before July 1, 1994.**



SECTION 19. IC 16-39-0.1 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]:

Chapter 0.1. Application

Sec. 1. To the extent that IC 5-14-3 and IC 16-4-8 (before its repeal, now codified in this article) apply to the confidentiality of a record in the possession of a state agency under P.L.9-1991 before the transfer of the record required by P.L.9-1991, those statutes apply to the record after the transfer of the record.

SECTION 20. IC 16-40-4-10 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: **Sec. 10. Any information that is confidential under this chapter remains confidential after this chapter expires or is repealed.**

SECTION 21. IC 16-41-6-4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 4. (a) Subject to subsection (f), if:

- (1) the mother of a newborn infant has not had a test performed under section 5 or 6 of this chapter;
- (2) the mother of a newborn infant has refused a test for the newborn infant to detect HIV or the antibody or antigen to HIV; and
- (3) a physician believes that testing the newborn infant is medically necessary;

the physician overseeing the care of the newborn infant may order a confidential test for the newborn infant in order to detect HIV or the antibody or antigen to HIV. The test must be ordered at the earliest feasible time not exceeding forty-eight (48) hours after the birth of the infant.

(b) If the physician orders a test under subsection (a), the physician must:

- (1) notify the mother of the newborn infant of the test; and
- (2) provide HIV information and counseling to the mother. The information and counseling must include the following:
 - (A) The purpose of the test.
 - (B) The risks and benefits of the test.
 - (C) A description of the methods of HIV transmission.
 - (D) A discussion of risk reduction behavior modifications, including methods to reduce the risk of perinatal HIV transmission and HIV transmission through breast milk.
 - (E) Referral information to other HIV prevention, health care, and psychosocial services.

(c) The confidentiality provisions of IC 16-41-2-3 apply to this section.

(d) The results of the confidential test ordered under subsection (a) must be released to the mother of the newborn infant.



(e) If a test ordered under subsection (a) is positive, the person who provides the results of the test shall inform the mother of the newborn infant of treatment options or referral options available to the newborn infant.

(f) If a parent of the newborn infant objects in writing for reasons pertaining to religious beliefs, the newborn infant is exempt from the test under subsection (a).

(g) The state department shall adopt rules under IC 4-22-2 to carry out this section.

(h) The results of a test performed under this section are confidential.

(i) The state department shall apply for funds under Section 2625 of the Ryan White CARE Amendments of 1996 (42 U.S.C. 300ff-21 et seq.) to pay for all tests conducted under subsection (a).

SECTION 22. IC 16-41-14-0.2 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: **Sec. 0.2. P.L.184-1989 does not apply to semen donations that are provided to a practitioner (as defined in IC 16-8-7.5-5, before its repeal, now codified at section 4 of this chapter and at IC 16-18-2-288) before July 1, 1989.**

SECTION 23. IC 22-11-17-2.5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: **Sec. 2.5. (a) A hospital licensed under IC 12-25 or IC 16-21 or a health facility licensed under IC 16-28 complies with section 2(a) of this chapter by meeting the federal standards of certification for participation in a reimbursement program under either of the following before or after March 21, 1996:**

(1) Title XVIII of the federal Social Security Act (42 U.S.C. 1395 et seq.).

(2) Title XIX of the federal Social Security Act (42 U.S.C. 1396 et seq.).

(b) Section 2(b) of this chapter does not apply to this section.

SECTION 24. IC 31-27-1-2 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: **Sec. 2. Any license issued to a foster home, day care home, day care center, child caring institution, or children's home that:**

(1) was issued before July 1, 1988, without the approval of the state board of health; and

(2) otherwise was issued in compliance with IC 12-3-2 (before its repeal, later codified at IC 12-17-4, before its repeal), as effective before July 1, 1988;

is legalized and validated.

SECTION 25. IC 31-40-1-0.2 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: **Sec. 0.2. The amendments made to IC 31-6-4-18 (before its repeal, now codified in this chapter) by**



1 **P.L.270-1995 apply only to services provided or fees imposed after**
 2 **May 3, 1995.**

3 SECTION 26. THE FOLLOWING ARE REPEALED [EFFECTIVE
 4 JULY 1, 2011]: P.L.126-1986, SECTION 6; P.L.126-1986, SECTION
 5 8; P.L.127-1986, SECTION 10; P.L.127-1986, SECTION 11;
 6 P.L.99-1988, SECTION 32; P.L.99-1988, SECTION 33; P.L.184-1989,
 7 SECTION 29; P.L.190-1989, SECTION 2; P.L.9-1991, SECTION 123;
 8 P.L.9-1991, SECTION 135; P.L.115-1991, SECTION 3; P.L.2-1992,
 9 SECTION 904; P.L.27-1992, SECTION 33; P.L.40-1992, SECTION
 10 21; P.L.62-1993, SECTION 14; P.L.62-1993, SECTION 15;
 11 P.L.136-1993, SECTION 25; P.L.143-1993, SECTION 2; P.L.87-1994,
 12 SECTION 15; P.L.95-1994, SECTION 5; P.L.99-1994, SECTION 4;
 13 P.L.46-1995, SECTION 98; P.L.46-1995, SECTION 101; P.L.46-1995,
 14 SECTION 102; P.L.142-1995, SECTION 33; P.L.156-1995, SECTION
 15 11; P.L.270-1995, SECTION 2; P.L.169-1996, SECTION 4;
 16 P.L.257-1996, SECTION 13; P.L.257-1997, SECTION 42; P.L.2-1998,
 17 SECTION 40; P.L.106-1998, SECTION 3; P.L.7-2000, SECTION 6;
 18 P.L.7-2000, SECTION 7; P.L.142-2000, SECTION 3; P.L.91-2001,
 19 SECTION 1; P.L.247-2001, SECTION 10; P.L.287-2001, SECTION
 20 11; P.L.291-2001, SECTION 154; P.L.291-2001, SECTION 155;
 21 P.L.291-2001, SECTION 157; P.L.291-2001, SECTION 159;
 22 P.L.291-2001, SECTION 165; P.L.291-2001, SECTION 166;
 23 P.L.291-2001, SECTION 236; P.L.107-2002, SECTION 36;
 24 P.L.131-2002, SECTION 4; P.L.168-2002, SECTION 16;
 25 P.L.184-2003, SECTION 14; P.L.224-2003, SECTION 65;
 26 P.L.224-2003, SECTION 93; P.L.224-2003, SECTION 95;
 27 P.L.234-2005, SECTION 199; P.L.246-2005, SECTION 239;
 28 P.L.23-2006, SECTION 1; P.L.101-2007, SECTION 6; P.L.152-2007,
 29 SECTION 1; P.L.173-2007, SECTION 49; P.L.212-2007, SECTION
 30 32; P.L.218-2007, SECTION 55; P.L.218-2007, SECTION 58;
 31 P.L.218-2007, SECTION 59; P.L.73-2008, SECTION 1; P.L.134-2008,
 32 SECTION 55; P.L.114-2009, SECTION 5.

